Nova Scotia Health

CardioVascular HEALTH NOVA SCOTIA

# Bulletin

IMPROVING CARDIOVASCULAR HEALTH OF NOVA SCOTIANS

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Welcome to the Cardiovascular Health Nova Scotia (CVHNS) quarterly e-mail bulletin. The Bulletin has been created to share information about the program's activities, related cardiovascular health initiatives, and ideas from around the province.

## Chronic Disease Management: Questions to Ask Yourself as You Build or Reorganize Services

We're all familiar with the Expanded Chronic Care Model that Nova Scotia has adopted as a framework for chronic disease management. Many of us are using this model to frame our specific chronic disease programs and to plan new programs. As we look at new services or reorganization of existing services, we should also be looking at how the model can be used to help us integrate, link and coordinate services across diseases for a more sustainable and patient-focused approach to chronic disease management.

Here are some questions to consider as you look at programming. These are based on the guiding principles developed in June 2007 by stakeholders at CVHNS' forum on disease management for cardiac disease and stroke.

**What programs and services already exist in your community that can be built upon as part of your program?**

The risk factors for many chronic diseases are the same. The management of these same risk factors forms the basis for much of the management of chronic diseases themselves. Given that many people have more than one chronic disease, isn't it logical to try to make chronic disease management as patient-focused as possible? Getting together with other programs and services to discuss ways to expand existing services or link across them is a good starting point for program planning. Looking at services from community groups, grocery stores, diabetes centres, cardiovascular wellness programs, *Your Way to Wellness*, etc. is key to designing services that are patient-centred not disease-, provider-, or system-centred.

**Who needs to be involved in planning?**

If you are looking to build on existing services, obviously representatives from these services should be at the table. Chronic disease management does not belong to any one group; it spans work in all of our settings: primary care, ambulatory care, acute care, continuing care and community; and across many disciplines. Cast the net wide for your planning.

**What should the service look like?**
The best way to develop an innovative and sustainable service is to leave your pre-conceived notions at the door. Focusing on the issue and creative alternatives to solving it will be more productive than ignoring the issue to jump right to the solution. For example a new clinic may not be the only or most feasible way to help people best manage their chronic disease.

**Does one size fit all?**
Not everyone learns best in a group setting. Not everyone can afford to take a day a week for six to eight weeks off work to attend programming. Look at flexible options to suit different learning needs and different lifestyles. Provide a menu of options for the people you intend to serve.

**If you can't afford a Cadillac, should you give up your driver's license?**
Having access to some programming is better than none at all. This also links closely to creating a menu of options. You can start simple and build on options over time instead of waiting to win the lottery. Although a lot of the research literature focuses on the outcomes and benefits of Cadillac programs, there is little evidence to support that alternate solutions may not have similar benefits!

## *Learning Opportunities*

**The Canadian Health Services Research Foundation:** Teleconference Series: Researcher on Call.
www.chsrf.ca/research/researcher_on_call_e.php

**Chronic and Complex Care:** Prevention, Care Planning and Management, February 9-10, 2009, Halifax, NS. www.insightinfo.com

**Accountability in Health System Leadership:** The Balancing Act, June 1-2, 2009, St. John's, NL. www.healthcareleadershipconference.ca

**Cardiac Rehabilitation Tutorial**
Cardiac Rehab New Brunswick has developed an education tutorial, *Bridging the Gap*, aimed at health care professionals new to cardiac rehabilitation or those looking to increase or update their knowledge. The program consists of three sections with a total of 11 self-directed learning modules. www.crnb-rcnb.ca.

## *CVHNS News*

**Nova Scotia Stroke Planning**
Following a successful demonstration stroke program in South West Health, the rest of the district health authorities have been invited to submit proposals to the Department of Health to enhance stroke care. The enhancements include funding for program coordination, secondary prevention, rehabilitation staffing, and professional education. CVHNS will coordinate professional education and sharing opportunities based on needs and the *Nova Scotia Guidelines for Stroke Care* that were released in May 2008. In future editions of the *Bulletin*, look for success stories and strategies for improving stroke care that are sure to come from the districts.

**Telehealth**
CVHNS has initiated an environmental scan of the current use of telehealth in the area of clinical care specific to heart disease and stroke. The purpose of the scan is to determine the feasibility for increased use of telehealth to support cardiovascular care across the

province. The scope of the scan also includes gathering information regarding telehealth use specific to heart disease and stroke across Canada. For more information on this project contact cvhns@cdha.nshealth.ca.

**Guidelines Available on CVHNS Website**
The *Nova Scotia Guidelines for Stroke Care* and *Nova Scotia Guidelines for Acute Coronary Syndromes* are now available on our website!

## *Changing ACS Management Through Education and Site Visits in South West Health*

In October, staff at two hospitals in South West Health were invited to attend informative presentations on the new *Nova Scotia Guidelines for Acute Coronary Syndromes*. Nurse managers, emergency department nurses, clinical resource nurses, physicians and site managers in Shelburne and Digby had an opportunity to learn more about key aspects of the guidelines. Provincial and district data were presented as well as data from the respective sites, Digby Hospital and Roseway Hospital.

Visiting with each site allowed an opportunity for education on clinical use and indications of fondaparinux in NSTEACS, the ease of use and dosing, and staff was encouraged to begin using the drug as recommended in the guidelines. Already, an increased use has been noticed.

During the session, the importance of risk stratification and triage of patients for cardiac catheterization was emphasized. Sometimes patients are transferred to Yarmouth Regional Hospital, only to then be transferred to the QEII. Time was spent outlining which cases should be immediately referred to the QEII thus avoiding unnecessary delays/transfers.

CVHNS' data demonstrated that a very low percentage of ACS patients in South West Health had an ECG completed within 10 minutes of arriving in Emergency. Some time-saving ideas were discussed in an effort to improve performance on this indicator throughout the district.

The two site visits allowed an opportunity for good dialogue and information sharing within the district. It also provided a chance to tour the emergency and trauma rooms and get a feel for the capacity of each site in dealing with ACS patients. Staff welcomed the opportunity to learn more about the guidelines and identified the need for tools, such as algorithms, pocket cards and quick referral guides.

## *Helpful Resources*

**Blood Pressure Canada Resource-Dietary Sodium**
A slide set for health care professionals to educate patients on dietary sodium is available in English and French. The slide set includes key messages, discussion questions, activity suggestions and background information. Visit: www.hypertension.ca/bpc/resource-center/education-tools-for-health-care-professionals.

**Blood Pressure Canada Resource-Public Recommendations 2008**
A handout of the recommendations, targeted to the public, is available at www.hypertension.ca/bpc/wp-content/uploads/2008/02/2008publicrecommendations.pdf.

**Canadian Diabetes Association Clinical Practice Guidelines 2008**
Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. Canadian Diabetes Association 2008 clinical practice guidelines for the prevention and management of diabetes in Canada. *Canadian Journal of Diabetes.* 2008; 32(suppl 1):S1-S201.

**Stroke Professional Education Resources**
The goal of the Professional Development and Training platform of the Canadian stroke Strategy is to coordinate existing education and training programs, and to recommend new program development across health disciplines. A range of resources and tools for stroke care professionals are available at: http://profed.heartandstroke.ca.

**CCORT Quality Indicators**
Tu JV, Khalid L, Donovan L. et al. Indicators of quality of care for patients with acute myocardial infarction. *CMA 2008;* 179(9):909-915. Article and supporting tools available through the following link: www.ccort.ca/Research/QualityIndicators/CCORTCCSAMICHFQualityIndicators/tabid/67/Default.aspx.

**Risk Factors and ACS**
Jensen MK, Chiuve SE, Rimm EB, et al. Obesity, behavioral lifestyle factors, and risk of acute coronary events. *Circulation* 2008; 117:3062-3069.

**The National Stroke Nursing Council**
Information on the National Stroke Nursing Council and copies of *Stroke Nursing News* are available at www.canadianstrokestrategy.ca or www.canadianstrokenetwork.ca.

**Smoking Cessation Rounds**
This website is a physician learning resource from the Minto Prevention and Rehabilitation Centre, University of Ottawa Heart Institute and the University of Toronto. www.smokingcessationrounds.ca.

**StrokEngine**
This website, created by a group of experts in stroke rehabilitation at McGill, provides scientific evidence about stroke rehabilitation. www.med.mcgill.ca/strokengine.

**The Heart Truth**
Heart disease and stroke are the leading cause of death among women; however most of us don't know it. The Heart Truth campaign, led by the Heart and Stroke Foundation, is aimed at sharing the truth about heart disease and helping save the lives of women across the country. Send an e-card and learn more about reducing your risk www.theheartruth.ca .

## *Innovative Ideas*

**Physician Documentation Tip Sheet**
In order to improve the quality of cardiovascular data collected in Colchester East Hants Health Authority, a tip sheet for physicians was developed. It emphasized the importance of documenting the diagnosis of myocardial infarction or unstable angina rather

than acute coronary syndrome (ACS) in the discharge summary. A final diagnosis of ACS is not specific enough for the coding specialists; the 2008 CIHI coding standards default this diagnosis to a code for "acute ischemic heart disease, unspecified."

Documentation of ACS as a final diagnosis will result in underreporting of myocardial infarctions and unstable angina cases for the district and the province. In the tip sheet physicians are also reminded to include the type and location of the MI, medication provided and any co-morbidities, such as CHF.

**Fall Expo at GASHA**

This fall Guysborough Antigonish District Health Authority (GASHA) held fall expo's designed for nursing staff. These sessions occurred in all 5 hospitals throughout GASHA. In the community hospitals, the education days were provided for all nursing staff. However, in the Regional Hospital the education sessions were divided by departments with specific days for ICU and emergency nursing staff and specific days for progressive care nursing staff. Further more, the education was included as part of the work schedule and was offered several different times, allowing all staff to attend.

The education days were divided into two four-hour sessions. One session was for updates for fire, safety and disaster plans and the other session was used for new clinical updates. This year part of the clinical update focused on the *Nova Scotia Guidelines for Acute Coronary Syndromes* and implications for change in our practice settings. Nurses had the opportunity to hear about practice changes needed in order to follow the suggested guidelines. In addition nurses had the opportunity to review new policies that would support implementing the guidelines and to provide feedback. Having the occasion to capture all nursing staff helps to increase compliance with using guidelines and result in improved patient outcomes. For more information contact Lena MacDonald at lena.macdonald@gasha.nshealth.ca.

***We're moving in the New Year. Stay tuned for our new mailing address***

How to Contact Us

Room 2144 – 1796 Summer Street
Halifax, NS B3H 3A7
Tel: 902.473.7834
Fax: 902.473.8616
cvhns@cdha.nshealth.ca
www.gov.ns.ca/health/cvhns